

APRIL

SECTION I

PUBLIC HEALTH AND WELFARE

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MONTHLY SUMMARY NO. 7

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WELFAREGeneral

1. Welfare activities chiefly centered around the implementation of an overall program of public assistance for all categories of need by the Japanese Government, Korean affairs, a public works program to help offset unemployment, social insurance, child welfare measures and education on social work.

Red Cross Representative

2. At the request of the Supreme Commander a representative of the American Red Cross was assigned to SCAP to study the organization and operation of the Japanese Red Cross Society and to recommend organizational changes based on this study.

Public Assistance

3. Pursuant to a directive of the Supreme Commander, the Japanese Government is preparing an overall plan for the assumption of governmental responsibility for a public assistance program. Renewed proposals were offered by the Japanese for the establishment of a quasi-official agency for public assistance but these were rejected by the Supreme Commander in favor of a single national governmental agency.

Relief Statistics

4. At the direction of the Supreme Commander the Japanese Government submitted a report on the number of families and individuals granted assistance in March 1946 and the amount of funds expended by prefectures. Nineteen prefectures were covered in the report. Supplementary reports will be rendered covering the remainder of the prefectures. The report for these nineteen prefectures showed:

(1) 1,044,094 individuals received relief in March 1946 (representing 275,425 families and 34,011 unattached individuals).

(2) Total cost for March 1946 was 28,176,375 yen or about 27 yen per individual granted per month.

(3) The following sums were expended in each category of assistance:

Relief Act	¥ 250,556
Mother & Children Protection	428,124
Medical Treatment	79,026
War Calamities	2,455,062
Military Aid	7,215,229
Direct Emergency Relief	13,948,242
Indirect Emergency Relief	<u>3,800,136</u>
Total	¥ 28,176,375

(4) Expenses for Tokyo, the highest, were 5,764,535 yen. Expenses for Saga, the lowest, were 131,328 yen.

Korean Affairs

5. A three weeks inspection trip of Korea was made by a representative of the Supreme Commander. Welfare activities of the Korean military government especially in connection with the repatriation of Japanese and Koreans were examined. On the whole repatriation processing and reception centers were found to be clean and smoothly operated. A well organized welfare program was in operation and the personnel both army and Korean seemed qualified in their work.

Public Works Program

6. The Supreme Commander has directed the Japanese Government to include in plans for a 1946-47 budget adequate provisions for a public works and a public assistance program. Priority for employment on a public works project will be given to employable recipients of public assistance insofar as possible.

Social Insurance

7. A one-week field trip to Kyoto, Hara and Kobe was made by three representatives of the Supreme Commander to examine the Sicknes and Health Insurance Programs. The chief deficiencies were in connection with the operation of these programs. Low fees for doctors in the face of inflationary prices and lack of sufficient transportation facilities were among the chief underlying causes. Further study was ordered with a view towards corrective action in the remodeling of Social Insurance in Japan.

Child Welfare

8. The Japanese Government complied as directed in the formulation of a program to properly handle children found to be in need of care and protection. It has issued instructions to all prefectures for the establishment of child protection committees composed of qualified persons from such fields as education, social work, public safety, and law, to reorganize, administer and supervise institutions and activities for the welfare of homeless children and orphans. A report covering the disposition of 105 homeless children picked up in the streets and railroad stations of Tokyo during a 16 day period was received indicating that some progress was being made in the proper handling of such cases.

Social Work Education

9. As a concomitant to a modern public welfare system the Supreme Commander has directed the Japanese Government to take steps to inaugurate a program to raise the standards of social work in Japan. At the outbreak of the war the limited progress that had been made in social work education in Japan virtually came to a standstill. At present persons engaged in welfare work are either volunteers or poorly paid employees. There are few who are professionally qualified in this field.

HOSPITAL ADMINISTRATION

Hospitalization of Venereals in Tokyo

10. Facilities for the hospitalization of venereal disease patients was increased from 240 to 575 beds in Metropolitan Tokyo. This is in keeping with the intensified venereal disease program.

Plan for Hospitalization of Lepers

11. SCAP has directed Japanese officials to furnish a plan for hospitalizing all lepers now at large. The care of lepers was neglected more and more during the war until by its end practically no new cases were admitted to hospitals.

Percentage of Hospital Beds Occupied

12. Approximately 50 percent of available beds in civilian hospitals are now occupied.

VETERINARY AFFAIRS

General

13. The Veterinary Education Council met 4 April 1946. Final membership was established and reports received from the following subcommittees: Licensure, Education, Publications, Veterinary Association, Meat and Milk Inspection.

14. A survey of Japanese veterinary conditions in Kumamoto, Kagoshima, Miyazaki and Oita prefectures was completed. Communicable animal diseases are being effectively controlled despite limited veterinary supplies. Prevailing animal diseases are anthrax, infectious abortion of cattle, pullorum and swine cholera. Efforts to extend meat and dairy inspection are hampered by a lack of technically trained personnel and a shortage of reagents and laboratory equipment. Principles of meat and dairy sanitation are largely neglected. The one national serum laboratory in the area is active. The education of veterinary students continues at two prefectural colleges. Reliable statistical data are being accumulated and proper reports rendered.

15. Veterinary affairs in Akita prefecture were also surveyed. The prevailing animal diseases are those of horses, namely, equine infectious anemia and strangles. The numbers of other livestock are small. Meat and dairy inspection is not efficiently practiced.

Meat and Dairy Inspection

16. The Ministry of Health and Social Affairs, Sanitary Bureau, Veterinary Hygiene Section, submitted the following meat and dairy inspection reports:

MILK INSPECTION REPORTS
January and February 1946

	<u>January</u>	<u>February</u>
<u>Special Milk</u>		
Farm inspections	27	26
Milk samples examined	132	61
Over bacterial standard	1	0
Under butterfat standard	0	0
Plant inspections	144	69
Over bacterial standard	8	1
Under butterfat standard	2	1
<u>Ordinary Milk</u>		
Farm inspections	7,156	8,714
Milk samples examined	9,966	4,693
Over bacterial standard	515	537
Under butterfat standard	2,786	2,727
Plant inspections	5,348	4,353
Over bacterial standard	392	376
Under butterfat standard	584	757
<u>Goat Milk</u>		
Farm inspections	53	92
Milk samples examined	52	67
Over bacterial standard	5	7
Under butterfat standard	5	4

MEAT INSPECTION REPORT
February 1946

	<u>Cattle</u>	<u>Calves</u>	<u>Sheep</u>	<u>Swine</u>	<u>Horses</u>
Number slaughtered	21,508	553	55	2,626	36,932
Ante mortem					
Condemned	1	0	0	0	0
Post mortem					
Totally condemned	11	0	0	0	4
Partially condemned	255	6	0	16	247
Viscera condemned	2,822	34	0	638	415

Animal Disease Control

17. The Ministry of Agriculture and Forestry, Animal Disease Section, submitted the following animal disease report:

ANIMAL DISEASE REPORT
March 1946

<u>Disease</u>	<u>Number of Cases</u>
Blackleg	1
Infectious abourtion of cattle	
Trichomoniasis	171
Brucellosis	9
Vibrio fetus abortion	1
Texas fever	18
Anthrax (bovine)	2
Swine cholera	2
Swine plague	7
Swine erysipelas	1
Rabies (canine)	2
Strangles	406
Equine infectious anemia	29
Equine infectious abortion	9
Fullorum	495

DENTAL AFFAIRS

Dental Education

18. Representatives of all phases of professional dentistry have formed a council on dental education. The purpose is to study the needs of the dental educational system and to recommend to the appropriate Ministry methods that will raise the standards and improve the technical knowledge of students and practitioners.

Rehabilitation of Dentists

19. Two hundred and three dentists were re-established in practice in March.

NURSING AFFAIRS

Education

20. The Japanese continue in their efforts to improve the standards of nursing education and the activities of the newly formed Japanese Educational Council. Committees have been appointed within the group to formulate plans. Sample copies of American and Japanese curricula have been made available to all members of the committees for study. Open discussions have been held on the various types of programs. Refresher course was requested by the group which would give the Japanese Nursing instructors of Tokyo an opportunity to learn how to teach their students and how to supervise. This course will begin 2 May 1946, and will be held twice a week in the Red Cross Central Hospital. A Demonstration School is planned which will illustrate a model program for the training of nurses. Leaders in the field of Japanese nursing education after attending the course may use it as a basis for training throughout Japan. At the present time the programs in the hospitals of Japan are inadequate to produce teachers. The demonstration school will merge the students of St. Lukes' Hospital and those of the Japanese Red Cross schools.

National Association

21. Miss Y. Yamamoto rendered her resignation as President of the Japanese Nurses' Association of Clinical Nurses. No meetings had been held during the last five years. A temporary chairman was appointed who received the records of the organization. Prefectures will be notified and a general meeting will be called later.

Surveys of Nursing Affairs in Hospitals

22. Representatives of SCAP are surveying nursing affairs in hospitals throughout Japan in order to make an accurate determination of existing conditions. From these observations it appears that at the present time most of the hospitals and schools are in a state of reorganization. Some hospitals have lost a major part of their buildings and equipment in the war. Many of the schools lost all or part of their student and graduate nurses. The patient case load has changed materially as the areas surrounding the hospitals have been evacuated. The number of bed patients is less, the number of clinic patients is more, hence the type of nursing experience has changed. Many of the younger doctors and graduate nurses have been in the military services so that the teaching, such as it is, has been carried on by an older group. Many of the hospitals are rebuilding, in whole or in part, and will have classrooms for their student nurses later.

23. The doctors who were interviewed by representatives of SCAP professed an interest in their schools of nursing, and realize that the programs as set up do not graduate qualified professional nurses. There was a universal desire and request for information, suggestions, criticisms. The doctors were given printed material, outlines of the curriculua of several American schools of nursing and the curriculum as outlined by the Japanese Ministry of Health.

24. As the immediate situation is one of change, further effort will be expended unless upon specific request for assistance. At the end of a six months period, the schools and hospitals studied in the present survey should be studied again by questionnaire submitted by amil or through prefectural health sections. This questionnaire will note changes in the physical set-up of the hospitals, changes in the staff, patient load and student curriculum.

Miscellaneous

25. During the survey conducted in Kanagawa Prefecture it was noted that there were 15 schools of nursing, courses 4, public health nursing, two midwifery courses, graduate nurses 2,000 and midwives 1,500. The salary scale of nurses runs from 45 Yen to 800 Yen per month.

26. Data from the survey in Kanagawa prefecture are shown in the following table:

KANAGAWA PREFECTURAL HOSPITALS WITH NURSING SCHOOLS

HOSPITAL	* TYPE OF HOSPITAL	* Bed Capacity	* Average Number of Patients	* Average Number of Nurses	* Clinical Patients	* Public Nursing.	* Midwife.	* Maternal Health.	* Education -	* Fee at Intake	* Laboratory	* Infirmary	* Classroom	* Graduate by Month (year)	* Graduate by Month (year)	* Nurses	* Graduate	* 1st Year	* 2nd Year	* STUDENTS	* STAFF
Jyuzen	G	300	160	10	4	X	X	X	16-25	HP	4	X	1.2	X	30	56-60	27	18	160	**	**
Yokosuka General	G	343	262	300	4	X	X	X	16-20	HP	0	0	2	X	14	77	39	63	150	150	150
Kinko-in	H	234	110	6	3	X	X	X	17-18	HP	0	0	2	X	18	X	4	14	0	0	83-124
Hiratsuka Kyosai	G	90	50	150	4	X	X	X	16-20	EP	0	0	2	X	20	X	12	52	0	0	123-157
Keiyo	G	50	44	0	2	X	X	X	16-20	HP	0	0	2	X	30-50X	X	12	23	13	1	45%
Nippon Kokan	G	80	20	200	4	X	X	X	15-21	HP-ES	0	0	2	X	20-30X	X	13	34	0	0	250-800
Oppama General	G	250	150	30	4	X	X	X	14-20	HP	0	X	2	X	80-90X	X	12	40	9	9	130-150
Kokuritsu Kanagawa	Tb	200	250	0	4	X	X	X	15-25	HP-ES	0	X	2	X	17-50X	X	10	48	40	28	65(?)
Kofuen	Tb	408	230	0	4	X	X	X	21	HP	0	0	2	X	140	X	8	18	10	10	140-160
Yokohama Zyo-in	Tb	310	100	16	3	X	X	X	16-25	EP	0	0	2	X	22	X	3	25	7	0	40-100
Yokohama Red Cross	G	130	70	120	4	X	X	X	16-25	HS	0	0	2	X	7	X	6	6	20	20	150
Nichizo	G	60	?	?	4	X	X	X	16-25	HP	0	0	2	X	180-100X	X	7	27	17	7	250-300
Kokosuka Kaijinkai	G	200	30	120	4	X	X	X	15-16	EP	2	X	2	X	120-135X	X	50	0	15	15	138-200

* G - General Hospital
 Tb - Tuberculosis Hospital
 - Mental Disease Hospital

** HP - Higher Primary School
 HS - 2nd Year High School
 ESG - Graduate of High School

*** Uniform & Room only

General

26. The Pharmaceutical Affairs Section of the Health and Welfare Ministry has been reorganized. This section is charged with the production and distribution of medical supplies and equipment. Under the revised organizational set-up separate departments have been established for production and distribution, the chiefs of each being responsible directly to the Chief of the Health Bureau. The new organization should result in increased efficiency of operation.

Production

27. The value of important medicines produced showed a large increase which was influenced to a great extent by price increases. The proportion of increase is difficult to state because the amounts have been stated in monetary value and the price of these supplies is rising rapidly. Comparisons on this basis give a distorted picture. The Central Medicine Control Company is experiencing some difficulty in financing production from manufacturers, under the new price scale. This matter is being investigated to determine whether financial assistance will be necessary to avoid any lag in distribution of new production.

28. The production schedule of x-ray film has been increased to 25,000 square meters a month. The previous quota was 15,000 square meters.

29. Manufacture of vaccines and sera has progressed satisfactorily. The Ministry of Health and Welfare has submitted a program covering all types of biologicals for the next nine months. This program will provide sufficient vaccines to cover the needs of the nation. The typhus vaccine program requires large quantities of eggs and guinea pigs and some difficulty probably will be encountered in that respect. Smallpox vaccine is being supplied in sufficient quantity to vaccinate the entire population. The following chart shows the production schedule of the more important biological items:

30. Definite progress has been made in connection with manufacture of penicillin. A laboratory has been established for determination of quality standards and two firms are now qualified to produce stocks that meet minimum specifications. Most of the leading medicine manufacturers are experimenting with penicillin and are being encouraged to submit samples for testing, two drug manufacturing concerns have made an acceptable product and are now producing for sale to the public.

31. The current typhus outbreak and the extensive repatriation program has necessitated the use of large quantities of DDT dust. Local manufacturing facilities have been expanded for the production of dusting powder but this production has not yet reached an adequate level to supply all needs. Stocks of DDT concentrate have been released to several manufacturers. Manufacturing facilities were extensively damaged and the machinery available is not in good operation condition. Containers have also been a problem. In spite of the difficulties encountered it is considered practicable to produce substantial quantities of dusting powder and spray by the use of indigenous supplies and facilities. Talc deposits of fairly good quality have been located in Japan and a good grade of pyrophyllite is available in Korea. An import program is being submitted covering

the necessary amounts of DDT concentrate that will be required. This procedure will result in a considerable saving in transportation and provide greater flexibility in supplying DDT products for disease control purposes.

32. Instructions have been issued to the Health Ministry for the manufacture of supplies required to carry out comprehensive programs for the control of flies, mosquitoes and rodents. Although pyrethrum has always been available in adequate quantities there is no indication that any appreciable amount of pyrethrum products were produced for either fly or mosquito control. In conjunction with the insect and rodent control program which has been established throughout Japan the supplies that are necessary to effect this program are being assembled. Besides pyrethrum, phenothiazine will be used.

33. Hand dusters suitable for dispensing DDT dusting powder are now being produced. An initial quota of 10,000 was set up, of which 1,000 has been produced and distributed. Although production is considerably behind schedule it is expected that within the next six months manufacturing capacity will be developed to the point where further imports of that item will be unnecessary.

Distribution

34. Distribution of new production has progressed at a fairly even rate. Hospitals and physicians still complain of critical shortages of essential items which upon investigation are often found in the distribution system. There is a tendency on the part of all consumers to stockpile. It has been necessary to resort to newspaper publicity to move stocks of x-ray film available in the hands of manufacturers, in spite of the fact that hospitals and physicians report inability to procure film.

35. Distribution of former Japanese Army and Navy supplies has not been carried out promptly in a number of prefectures. The Health Ministry completed the final plan during the early part of March and held regional meetings at which time definite authority was given for complete distribution. Since large stocks of military and naval supplies were quite often located in sparsely populated areas considerable adjustment between prefectures was necessary. Most officials seemed reluctant to ship any supplies until amounts due from other areas were received. As a result several field visits were necessary, by occupation force personnel and ministry officials, before actual re-distribution was initiated.

36. Approximately ¥ 110,000,000 of patent medicines were located in the hands of the Export-Import Company. These medicines were manufactured and turned over to that company prior to the surrender and have been held in storage since. The Ministry of Health has been instructed to distribute these medicines within Japan, to the amount ¥ 75,000,000. The remainder is considered surplus to Japanese needs and has been offered for export. The export of 488 tons of surplus agar also has been authorized.

37. Shipments to China 200,000 pounds of DDT, 50,000 vials of typhus vaccine and other medical supplies for medical processing of repatriates has been completed. Steps are now being taken to supply Manchurian ports for the repatriation program in that area.

Narcotics

38. Action was taken to expedite the confiscation and destruction of heroin in Japan. Reports received by SCAP indicate action has been completed in twenty prefectures.

39. Inspections of medicine control companies, medicine manufacturing companies and hospitals revealed a maldistribution of narcotics. Pending the inauguration of a new system of distribution the Ministry of Health and Social Affairs is directing transfer of narcotic stocks among national hospitals to alleviate critical shortages.

40. In order to establish a narcotic import program for the legitimate medical needs of Japan, taking into account present civilian and former Japanese military stocks of narcotics, preliminary steps were taken to estimate requirements for 1947. It appears sufficient stocks of all medicinal narcotics are available for the balance of 1946.

41. Reports were received that Japanese repatriates are attempting to smuggle opium and morphine into Japan. Several seizures have been made at the ports of entry. Through efforts of Narcotic Control Officers, GHQ, SCAP, a 23 pound cache of raw opium was seized in Osaka. Japanese police are continuing the investigation.

PREVENTIVE MEDICINE

Typhus Fever

42. There has been a marked reduction in the incidence of typhus fever in all of the epidemic areas with the exception of the Tokyo-Yokohama area. In this latter area the increase in the number of suspected cases reported has leveled off while at the same time the percentage of suspected cases confirmed has decreased, indicating a net reduction in the number of actual typhus cases, the exact extent of which cannot yet be accurately determined.

43. In Osaka prefecture, where over 40 percent of the typhus fever in Japan occurred, this disease has been almost completely stamped out. Both focal control measures and zonal delousing programs organized as previously described were efficiently and thoroughly carried out under the direction and control of the 94th Headquarters and Headquarters Detachment, Military Government Group. Six hundred riflemen of the 4th Infantry, 25th Division were attached for a period of approximately three weeks for the immediate supervision of the Japanese teams employed in the control program. Technical advice and assistance were furnished also by the Public Health and Welfare Section, SCAP and the USA Typhus Commission.

44. During the course of the typhus control program in Osaka prefecture alone, over 4,486,000 persons were dusted with 420,000 pounds of DDT insecticide powder and over 200,000 persons received typhus vaccine. The number of suspected cases reported per day dropped from a peak of 290 on 28 February to between five and ten during the last week of April.

45. Scattered small outbreaks and sporadic cases continue to occur in all parts of the country.

Smallpox

46. Despite the availability and distribution of adequate stocks of new and potent vaccine and despite the fact that over 64,000,000 persons have been vaccinated since 1 February, the incidence of smallpox has been decreased to the extent which could normally be anticipated.

47. Although the vaccination program was well handled from an administrative standpoint, investigation disclosed serious defects in the actual technique of vaccination, evidenced by the fact that numerous patients presently suffering from smallpox claim to have been vaccinated within the past two months. It was discovered that alcohol or solutions of phenol far in excess of permissible strength were being used for cleaning the arms of persons to be vaccinated, thus destroying the active virus of the vaccine and nullifying the effect of the entire vaccination procedure.

48. Modification of the standard Japanese vaccination technique and such portions of the communicable disease control law as relate to smallpox vaccination have been directed, prohibiting the use of either alcohol or phenol altogether and permitting the use of acetone or soap and water only. The Japanese government has also been directed to revaccinate all individuals who do not show satisfactory evidence of a successful vaccination since 1 February 1946.

Cholera

49. Several outbreaks of cholera were reported among Japanese repatriates from South China enroute from Canton to Japanese ports. The first repatriation ship from Canton arrived at Uraga on 4 April 1946 and passengers were disembarked on 8 April. On the following day one of the other passengers was discovered to have cholera. As many of the other passengers as could be traced, representing the majority, were examined and revaccinated. At the present date no further cases have been reported which might be traceable to this source. By this time other repatriation ships enroute from the same area had reported the presence of cholera aboard, including a number of fatal cases. By the time machinery could be set in motion to stop the repatriation, all repatriates from that area had already been embarked and had either arrived at Uraga or were on the high seas. All ships reporting cholera aboard were ordered to Uraga, at which port they are presently in quarantine, although the repatriation port of Sasebo had also been designated to receive ships bearing cholera cases should the facilities at Uraga become too greatly overtaxed.

50. An additional 1832 cholera carriers and suspects are isolated in quarantine barracks at the Uraga port, likewise under strict surveillance. The rest of the passengers remain in quarantine afloat and all have been revaccinated against cholera.

51. Up to the present date 136 deaths presumed due to cholera have been reported, of which 40 occurred at sea and the remainder ashore.

Encephalitis

52. Two members of the Neurotropic Virus Commission attached to the Public Health and Welfare Section for the study of Japanese B encephalitis completed the present phase of their study and have returned to the United States. A report embodying policies and a recommended program

for the control and further study of Japanese B encephalitis was submitted to the Chief Public Health and Welfare Section.

NUTRITION DIVISION

53. Nutrition surveys have been conducted by the Ministry of Health and Welfare, of the Japanese Government in Tokyo in December 1945, and in Nagoya, Osaka, Kure and Fukuoka in February 1946, at the direction of SEAP. These surveys are planned to cover a sample of the population of all levels of income, and in representative parts of these cities. They include physical examination of all individuals selected for body weight and for symptoms indicative of nutritional deficiency. In addition, food consumption records are obtained on half the people given this physical examination. Nutritional surveys are also made of equal numbers of people in rural areas surrounding these cities. In the case of rural areas the data are reported by prefectures.

54. Three sets of data are presented: a) Table I, Physical examinations in the five large cities, including the data on Tokyo in December 1945, and for the various rural areas in the prefectures around the cities; b) Table II, data on body weight for the surveys in February; and c) Table III, data on the caloric and protein content of food consumed. d) Table IV, condensed data on caloric consumption.

55. Similar surveys will be made in May. The results of the February survey will be a basis of comparison for subsequent surveys.

56. Trends evident upon examination of the data for both the cities and prefectures as follows:

- (1) The highest percentages of the individuals who had weights less than 5 percent of the standard weight were under ten years of age in all cases, 30 years in prefectures, or than 20 years in the case of cities. The value of the differences were of the order of 10 percent of the standard weights. A majority of the population equaled the standard weight or above with the exception of adults above 50 years in the prefectures and 40 years in the cities. The people were weighed partially clothed. The changes in body weight are generally of the same order of magnitude for most cities and prefectures.
- (2) The physical symptoms related to nutrition tended to be less prevalent in the prefectures surrounding Tokyo than in other prefectures or cities. Minor differences between localities may be due, in part, to differences in the observers. Since they were limited to prefecture in which the cities were situated.

57. The data on the nutritive value of the food consumed is divided into the calories obtained from the ration, from free or black market, from home production and from gift. While farmers obtain a large proportion of their food by home production, later in the year increasing numbers of farmers must draw rations of grain or high calory food because they do not grow large quantities of grain as many do not produce sufficient food to meet their requirements for the full year. The data are presented as per capita per day and include all members of the family. Limited data on rural areas

TABLE I

Nutrition Survey: Physical Examination, February 1946.

Percentage of individuals showing symptoms associated with nutritional deficiencies - large cities and prefectures surrounding them. Ministry of Public Health and Welfare.

	Number	Anemia	Chei-	Glos-	Knee	Hyper-	Chr.	Brady-	Delayed
			losis	sitis	Jerk	ker-	Diar-	cardia	Menstru-
					Loss	osis	rhea		ation
Tokyo, Dec.									
1945	31,965	6.9	9.7	3.7	10.9	4.1	2.9	2.9	2.4
Average, 4 cities 1946	29,257	10.2	8.7	3.7	6.1	4.0	4.4	2.1	4.8
Nagoya	9,464	15.0	13.4	3.8	10.0	4.6	5.9	2.6	6.6
Osaka	11,341	9.8	6.9	4.5	4.4	4.3	4.6	2.0	3.9
Kure	3,193	5.6	3.0	1.3	6.8	2.4	0.6	1.2	6.1
Fukuoka	5,259	5.3	7.8	3.3	3.3	3.0	3.7	1.7	2.7
Average, 19 prefectures	64,543	2.3	10.7	2.5	4.6	1.6	2.1	0.9	3.0
Tokyo Area:									
Ibaraki	5,310	2.2	22.0	1.8	4.3	3.0	1.3	1.3	2.6
Tochigi	4,396	0.9	14.0	0.5	6.2	1.0	1.5	0.3	3.8
Gumma	3,505	4.1	4.7	0	9.0	5.3	1.1	1.3	1.6
Saitama	6,025	0.5	12.0	2.4	1.8	0.4	1.4	0.8	6.0
Chiba	5,002	1.0	5.6	0.7	0.7	0.6	0.4	0.4	2.0
Tokyo Pref.	3,069	1.1	7.6	1.1	2.7	0	2.2	0.7	2.9
Kanagawa	4,316	2.1	15.5	1.9	8.1	0.5	0.5	0.9	7.9
Nagoya Area:									
Shizuoka	5,638	1.7	12.3	16.1	4.1	3.1	4.7	0.7	3.9
Aichi	4,753	1.7	7.9	0.1	2.9	0.3	1.3	0.3	1.9
Osaka Area:									
Shiga	2,226	3.1	5.0	0.6	5.2	1.4	0.5	1.1	3.1
Osaka	1,267	3.9	8.8	1.6	5.2	1.6	3.9	1.1	5.7
Kyoto Area:									
Kyoto	3,605	4.6	9.9	0.8	3.5	6.4	1.8	0.5	1.8
Hyogo	3,039	8.0	10.0	1.5	3.8	1.1	2.4	1.9	2.3
Wakayama	3,181	1.9	4.6	7.9	11.8	0.6	1.9	1.6	4.1
Kure Area:									
Okayama	2,016	1.2	9.0	0.9	2.7	0.6	6.9	1.5	1.7
Hiroshima	1,129	7.4	10.5	2.7	10.7	1.2	3.9	1.9	7.8
Fukuoka Area:									
Fukuoka	2,302	2.8	13.2	3.3	5.3	1.0	3.2	0.5	3.0
Saga	2,016	1.7	6.1	0.1	2.3	0.8	2.7	0.8	7.8
Kumamoto	1,748	2.1	11.7	0.7	2.5	0.5	7.7	0.5	3.2

Deviation of body weights from Japanese Standard height-weight data. Percentages refer to the number of individuals who varied more than 5% from the standard. The weights are differences from the standard. Ministry of Public Health and Welfare.

Age	Less than Standard		Greater than Standard		No Change	Number							
	Number	Kilograms	Number	%		Kilograms	Number	%	Male	Female	Total		
(Tokyo, December 1945)													
17615	55.1	--	13942	43.6	--		411	1.29	14457	17511	31968		
0-1	427	37.7	1.3		393	34.7	1.3		313	27.6	567	566	1133
2-5	952	31.1	1.9		989	32.3	1.7		1118	36.6	1564	1495	3059
6-10	678	19.0	2.4		1497	41.9	2.5		1399	39.1	1752	1822	3574
11-15	575	16.7	3.6		1614	47.0	4.1		1247	36.3	1743	1693	3436
16-20	606	21.6	5.3		1191	42.4	6.1		1012	36.0	1255	1554	2809
21-30	1145	29.1	5.5		1247	31.7	6.0		1540	39.2	1202	2730	3932
31-40	1664	41.8	5.6		849	21.3	5.5		1466	36.9	1477	2502	3979
41-50	1871	50.9	6.4		564	15.3	5.5		1242	33.8	1614	2063	3677
51-	2483	67.9	7.3		282	7.7	5.1		893	24.4	1647	2011	3658
0-1	787	36.8	1.3		716	33.4	1.3		638	29.8	1097	1044	2141
2-5	1658	24.8	1.7		2532	37.8	1.8		2507	37.4	3371	3326	6697
6-10	1733	15.3	2.4		5105	44.9	2.5		4528	39.8	5650	5716	11366
11-15	1386	13.7	3.7		5185	51.1	4.3		3566	35.2	5043	5094	10137
16-20	752	13.1	4.9		3085	53.7	6.4		1910	33.2	2679	3068	5747
21-30	1304	18.6	4.9		3034	43.4	6.3		2657	38.0	2198	4797	6995
31-40	1730	26.1	5.2		2108	31.8	5.7		2786	42.1	2601	4023	6624
41-50	1987	32.6	5.6		1569	25.7	5.8		2544	41.7	2957	3143	6100
51-	4253	48.7	6.1		1498	17.1	5.7		2985	34.2	4215	4521	8736

TABLE III

Average Consumption of Nutrients per Captia per Day in five large Japanese cities and the surrounding rural areas. Nutrition Surveys conducted by the Imperial Japanese Government, Tokyo, December 1945 : Others February 1946.

	CALORIES					PROTEIN, GRAMS		
	Total	Free Ration	Market	Home Production	Gift	Total	Animal	Vega-table
December 1945								
Tokyo	1971	1080	787	23	81	64.2	13.6	50.6
February 1946								
Tokyo area:(rural)								
7 prefectures	2606	765	75	1743	23	51.7	3.3	48.5
Nagoya	1623	1131	416	21	59	57.4	10.8	46.6
Nagoya area:(rural)								
2 prefectures	1930	329	105	1470	27	51.9	4.9	46.1
Osaka	1769	1080	598	15	76	62.2	16.9	45.3
Osaka area:(rural)								
5 prefectures	1908	177	66	1633	32	54.4	7.5	46.8
Kure	1624	1005	345	154	120	52.1	11.2	40.9
Kure area:(rural)								
2 prefectures	1979	414	38	1490	37	53.4	5.7	47.8
Fukuoku	1682	1144	413	23	102	66.6	22.5	44.1
Fukuoku area:(rural)								
2 prefectures	1953	334	104	1460	55	62.0	7.6	55.0

TABLE IV

Data on Nutrition Surveys
Japan,
December 1945 and January 1946

Average caloric consumption, per capita per day
Japanese cities, February 1946
(except Tokyo, December 1945)

	Total	Ration	Free Market	Home Production	Gift
Tokyo, December 1945	1971	1080	787	23	81
Pre-War	2377	—	—	—	—
February 1946					
Average, 4 cities	1676	1092	443	53	89
Average, 19 prefectures, rural	1963	471	73	1428	31

Percentage of individuals showing symptoms associated with nutritional deficiencies: (Number examined 31,965 in Tokyo, December 1945; 29,257 in four cities and 64,543 in prefectures, February 1946)

	Anemia	Cheilosis	Glossitis	Loss of Knee	Hyper- kera- Jerk	Chronic Edema	Brady- tosis	Diarrhea	Cardia	Menstruation	Delayed
											Dec. 45
Tokyo, Dec. 45	6.9	9.7	3.7	10.9	4.1	2.9	2.2	2.4	1.7	19.3	17-45
Average 4 cities	10.2	8.7	3.7	6.1	4.0	4.4	2.1	4.8	2.1	21.1	
Average 19 pre- fectures	2.3	10.7	2.5	4.6	10.6	2.1	0.9	3.0	9.8		
rural											

LABORATORY ACTIVITIES

Medical Education

58. The Japanese Council on Medical Education has formulated a practical program in whole or in part for each of the following:

- Medical School curricula
- Medical school facilities and standards to be employed by school inspectors
- Standardization and improvement in medical texts for students
- Standards for an improved internship
- A national licensure examination
- Postgraduate medical education

A separate subcommittee for each of these items has been set up to coordinate with the Ministry of Education and Ministry of Health according to the jurisdiction primarily concerned with each, and enabling legislation was drafted to place some of the program into immediate execution.

59. In general the decisions reached were guided by certain underlying principles. Among these the need for greatly increased emphasis on public health was uppermost. Reflecting this, the preventive and social implications of each special subject taught in the medical

curriculum were stressed, in addition to a strengthened formal course in public health methods. A full month of the internship will be devoted to practical work in an approved health center of prefectural level or the equivalent. Throughout the medical course as well as during the internship a far greater weight will be given than heretofore to practical training and experience, departing from the authoritarian didactic methods of instruction foisted on the Japanese medical educational system by its German exemplars.

60. Following a standard four year course of instruction and an additional 12 months of internship in an approved hospital a national examination will be required before licensure is granted. A carefully worked out examination procedure is projected, in which every effort will be made to ensure a fair test of the candidate's ability to practice medicine; a number of medical institutions will be represented in the panel of examiners and a system of rotation will be practiced to avert the evil of excessive domination by any one school or group. The program for postgraduate medical education will be aimed at assisting the practitioner in keeping abreast of advances in his field. With the coordination of the Japanese Medical Association a program of refresher courses, formal lectures, seminars, exhibits, and practical clinics will be drawn up and all available well-equipped hospitals will be developed along "medical center" lines in as many widely distributed areas as possible. A journal of the Japanese Medical Association will be published to reinforce this program. Textbooks, special monographs and periodicals for use of students as well as practicing physicians will be analyzed and revised and as much recent foreign literature as possible will be sought to bridge the gap with the outside world caused by the war.

Control of Communicable Disease: Cholera, Japanese B Encephalitis

61. As part of the program to prevent the introduction of cholera into Japan by repatriates from cholera ports in China, a check was made of laboratory facilities and methods for diagnosis of cholera carriers in the repatriation port of Uraga. Recommendations were made concerning production of cholera vaccine. Attention of Japanese officials was drawn to the possible hazard of cholera from use of fish obtained from contaminated sea water in which cholera ships were anchored and fishing adjacent water prohibited.

62. As part of an extensive training program given by SCAP to American military personnel and Japanese health officials engaged in control of mosquito-borne and fly-borne disease, a discussion was given of Japanese B Encephalitis, stressing the dangerous character of the disease, the relatively high degree of susceptibility of foreigners in Japan compared with natives long exposed to it, and the crucially important role of the common *Culex* mosquito in its transmission to man.

Sanitation

63. During the fourth week in April a school with an intensive six-day program was conducted in Kyoto on insect and rodent control. The purpose of this training program was to inform those responsible for public health in Japan of the insect and rodent borne disease problems in this country, and to teach them the proper and practicable methods of control of insects and rodents of medical importance. The first three days was devoted to the instruction of Military Government Public Health and Sanitary Officers, and

the last three days to the instruction of sanitary officers from all prefectural health departments. The Japanese had 103 representatives present for the largest meeting of health officials since before the war. They were very interested, attentive, and enthusiastic about the entire program for the improvement of sanitation and public health in Japan.

64. The program included courses of instruction in the various insect and rodent borne diseases of Japan with emphasis on Japanese B encephalitis, malaria, dengue, filariasis, and plague; the life history and habits of the important species of mosquitoes, flies, and rats; and practicable methods of control which have proved effective in civilian communities in the United States, in the United States Army during the war, and to a limited extent in Japan. The plan for having organized sanitary teams in all communities for year around control of insects and rodents, based on the present organization that has proved successful in the control of typhus, was presented to both groups. Responsibility for the organization, training, and supervision of these teams will pass down from the Sanitation Section of the Ministry of Health and Social Affairs to the Prefectural Health Offices, and to the City Health Departments. Military Government Public Health and Sanitary Officers will cooperate with the Japanese Health Officials as necessary and supervise the actual carrying out of the program in their respective areas. Japanese equipment and supplies will be used to the utmost, and will be supplemented where required by United States Army stocks that have been requisitioned for civilian use. Demonstrations were held each afternoon of approved methods of control, the elimination of breeding places and the use of various larvicides of American and Japanese manufacture in both urban and rural areas. A feature of the demonstration was a typical six-man Japanese sanitary team carrying on their work in a city block. The faculty for the school was drawn from GHQ, SCAP, from Malaria Survey and Control Detachments attached to I Corps and Eighth Army respectively, and from the Ministry of Health and Social Affairs and the Government Institute of Public Health.

65. SCAP has approved a program directed toward the control of disease bearing insects in certain designated urban and metropolitan areas by means of periodic spraying with DDT by airplane.

Port Quarantine

66. Incoming repatriation the last week of March and first week of April was very heavy and cases of smallpox at Higina, Kogoshima, Hokata and Sasebo arriving from Formosa, North China and Korea caused quarantine delays at those ports.

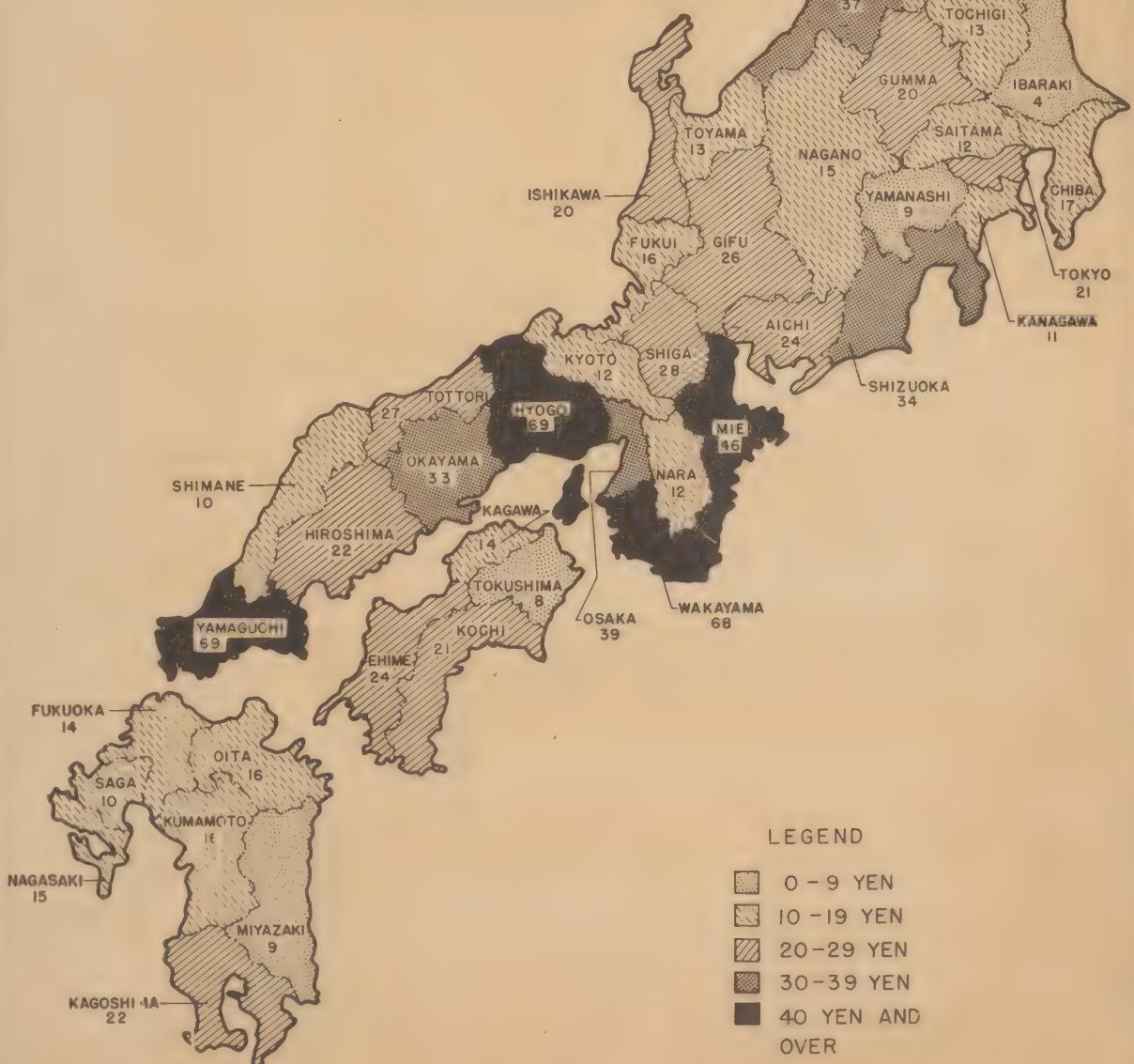
67. Outgoing quarantine during the period under consideration was falling off rapidly. A case of smallpox among these was found at Higina and Sinzaki.

68. On April 5, 1946, the first of nine liberty ships arrived from Canton with cases of cholera. The magnitude of this immediate quarantine problem and the probability of more ships arriving with this disease from Indo-China made it advisable to use Uraga as the port most suitable for handling the emergency.

PUBLIC ASSISTANCE UNDER NATIONAL RELIEF LAWS

AVERAGE TOTAL PAYMENTS PER RECIPIENT

JAPAN - MARCH 1946



LEGEND

- 0 - 9 YEN
- ▨ 10 - 19 YEN
- ▨ 20 - 29 YEN
- ▨ 30 - 39 YEN
- 40 YEN AND OVER

SOURCE: MINISTRY OF HEALTH AND WELFARE

APRIL 46

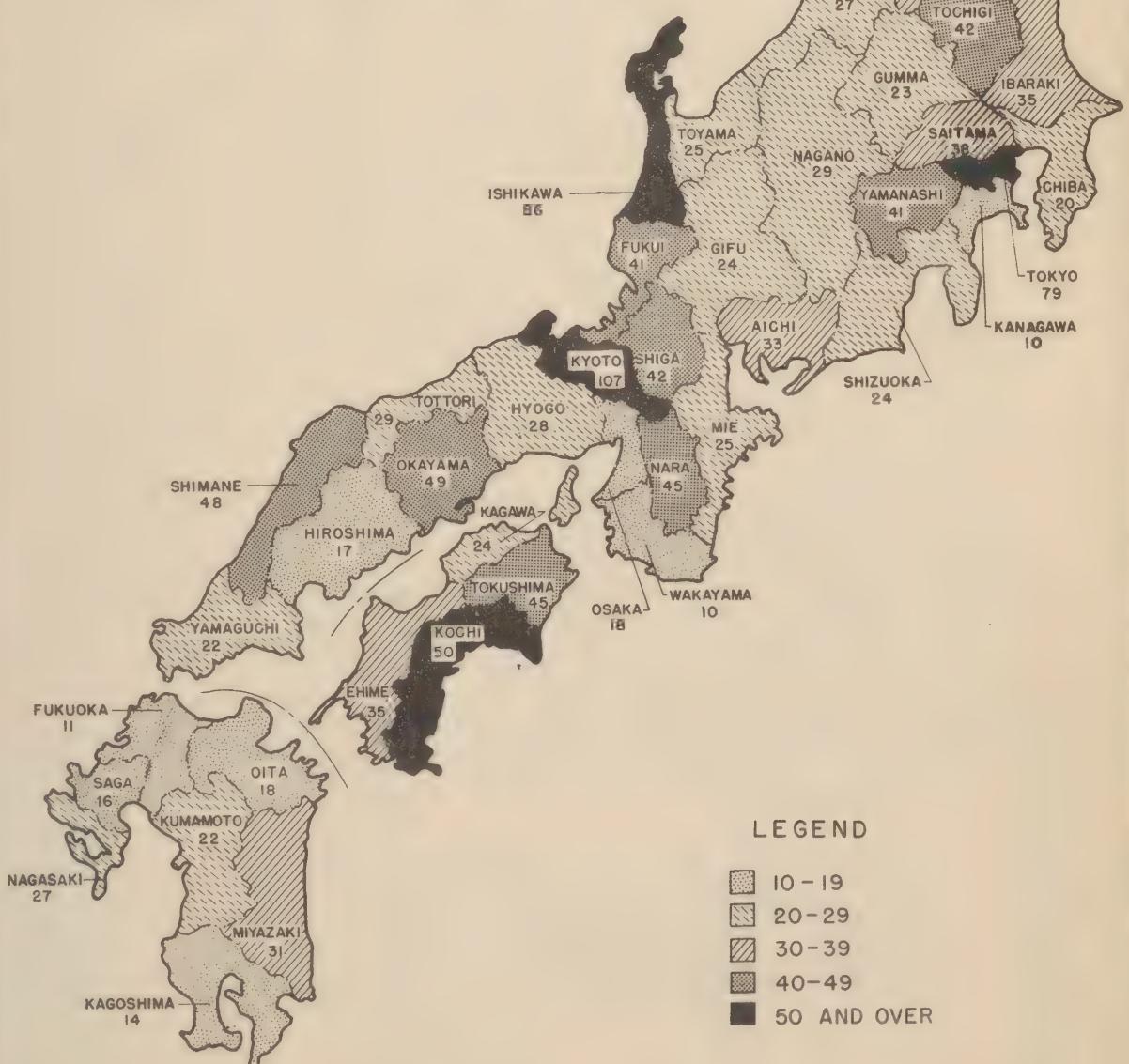
GHQ - SCAP

NUMBER 50

PUBLIC ASSISTANCE UNDER NATIONAL RELIEF LAWS

RECIPIENTS PER 1,000 POPULATION

JAPAN - MARCH 1946



LEGEND

- █ 10 - 19
- █ 20 - 29
- █ 30 - 39
- █ 40 - 49
- █ 50 AND OVER

SOURCE: MINISTRY OF HEALTH AND WELFARE

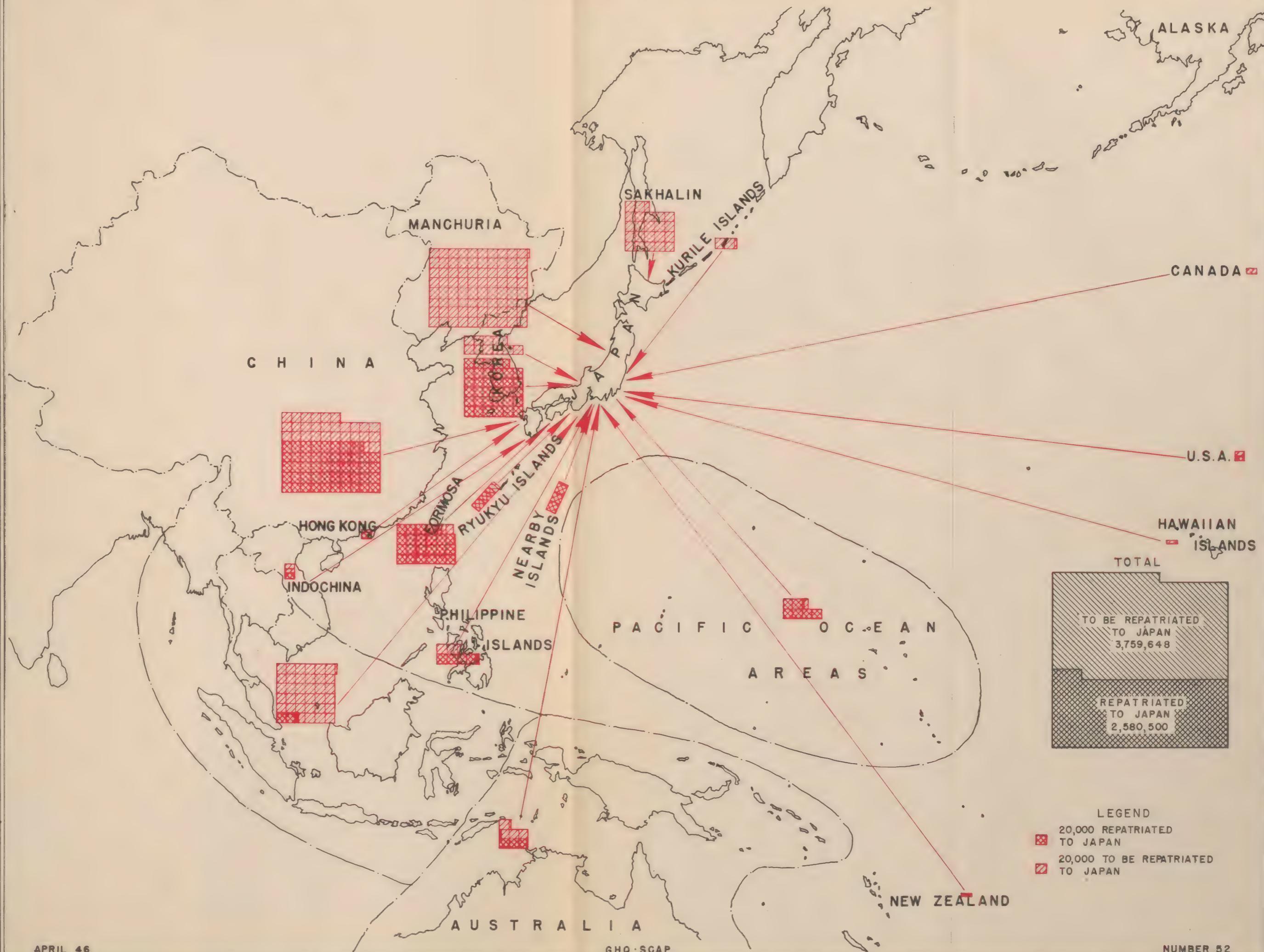
APRIL 46

GHQ - SCAP

NUMBER 51

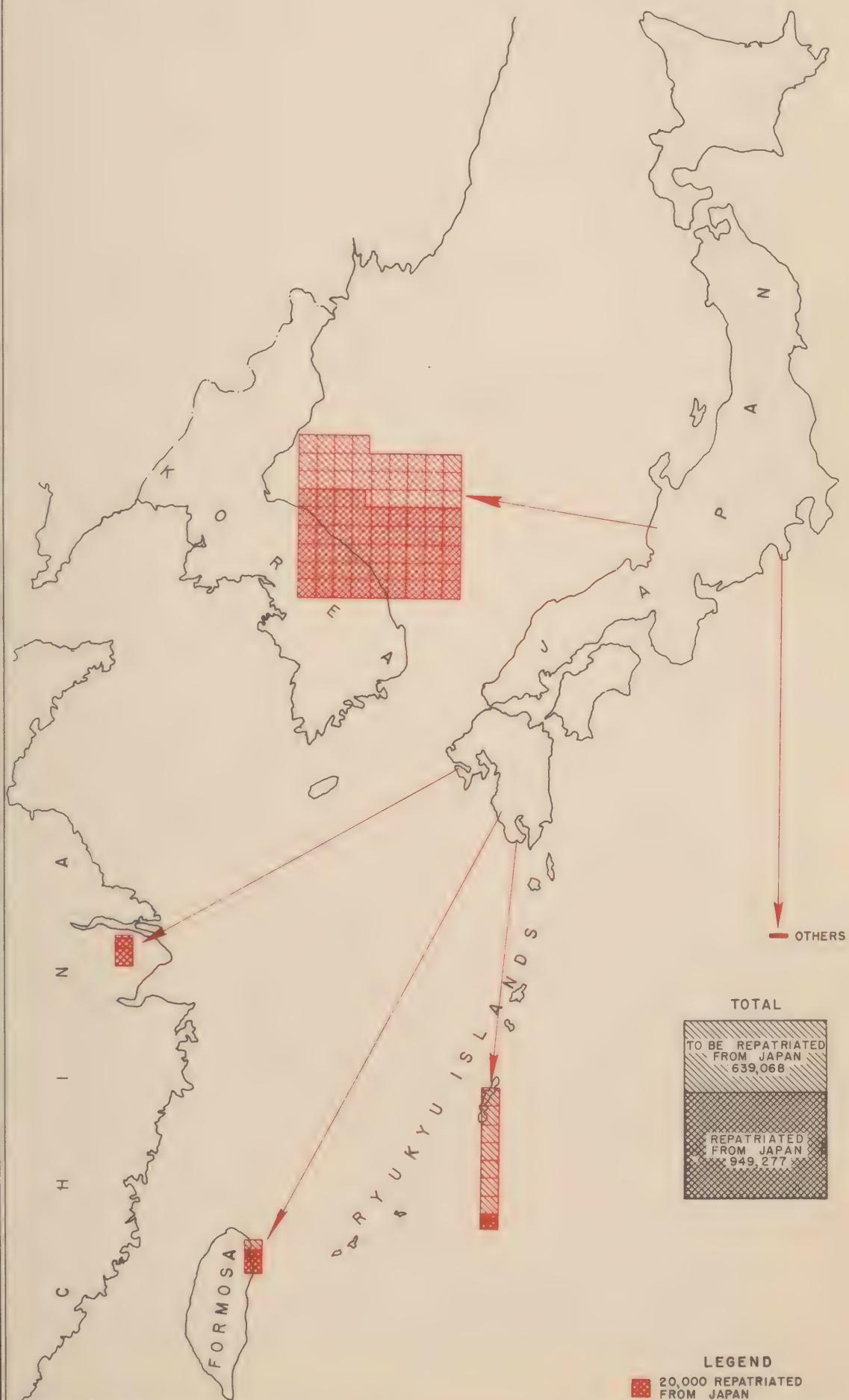
REPATRIATION TO JAPAN

STATUS ON 28 APRIL 1946



REPATRIATION FROM JAPAN

STATUS ON 28 APRIL 1946



NOTE: "TO BE REPATRIATED" FIGURES ARE BASED ON 18 MARCH CENSUS.

HOSPITALS WITH NURSES' SCHOOLS KANAGAWA PREFECTURE

Hospital	Bed Capacity	Average Number Patients		Staff		Graduate Nurses' Salary a/	Number of Students	
		Bed	Clinic	Doctors	Nurses		1st year	2nd year
GENERAL								
Hiratsuka Kyosai	90	50	150	12	52	123-157	0	0
Jyuzen	300	180	10	30	56-80	160 b/	27	18
Keiyu	50	44	0	12	23	45	13	1
Nichizo	60	Unknown	Unknown	7	27	250-300	17	7
Nippon Kokan	80	20	200	12	34	250-300	0	0
Oppama General	250	150	30	12	40	130-150	9	9
Yokohama Red Cross	130	70	120	6	6	150	20	20
Yokosuka General	343	262	300	14	77	150	39	63
Yokosuka Kaijinkai	200	30	120	9	50	138-200	0	15
TUBERCULOSIS								
Kofuen	408	230	0	8	18	140-160	10	10
Kokuritsu Kanagawa	800	350	0	10	48	65	40	28
Yokohama Ryoin	310	100	16	8	25	40-100	7	0
MENTAL								
Kinkoin	234	110	6	4	14	83-124	0	0

Hospital	Nursing Courses b/			Entrance Requirements		Students' Allowance Per Month (yen) c/	School Facilities d/		
	Clinical	Public Health	Mid-wifery	Age	Education		Lab- oratory	Library	Class Room
GENERAL									
Hiratsuka Kyosai	X	X	X	16-20	HP	20			
Jyuzen	X	X		16-25	HP	30			
Keiyu	X	X		16-20	HP	30-50			
Nichizo	X			16-25	HP	80-100			
Nippon Kokan	X			15-21	HP or HS	20-30			
Oppama General	X			14-20	HP	80-90			
Yokohama Red Cross	X		X	19-25	HSG	7			
Yokosuka General	X			16-20	HP	50			
Yokosuka Kaijinkai	X			15-16	HP	120-135			
TUBERCULOSIS									
Kofuen	X		X	21	HP	140			
Kokuritsu Kanagawa	X			15-25	HP or HS	17-50			
Yokohama Ryoin	X			16-25	HP	22			
MENTAL				17-18	HP	18			
Kinkoin	X								

a/ Besides salaries, nurses also receive "maintenance" - room, uniforms and food.

b/ "Maintenance" at Jyuzen does not include food.

c/ Courses are two years. Jyuzen also offers a one year course. In Japan an obligation year, "Gimma", is spent working for low pay.

d/ HP-Higher primary school; HS-2nd year of high school; HSG-high school graduate.

e/ Where two amounts are shown, the first is the beginners' allowance and the second the highest paid during the course.

f/ Refers to facilities limited to use of nurses' school. Does not include facilities of hospital proper.

g/ "X" indicates availability.

SOURCE: SCAP Survey.

APRIL 46

GHQ-SCAP

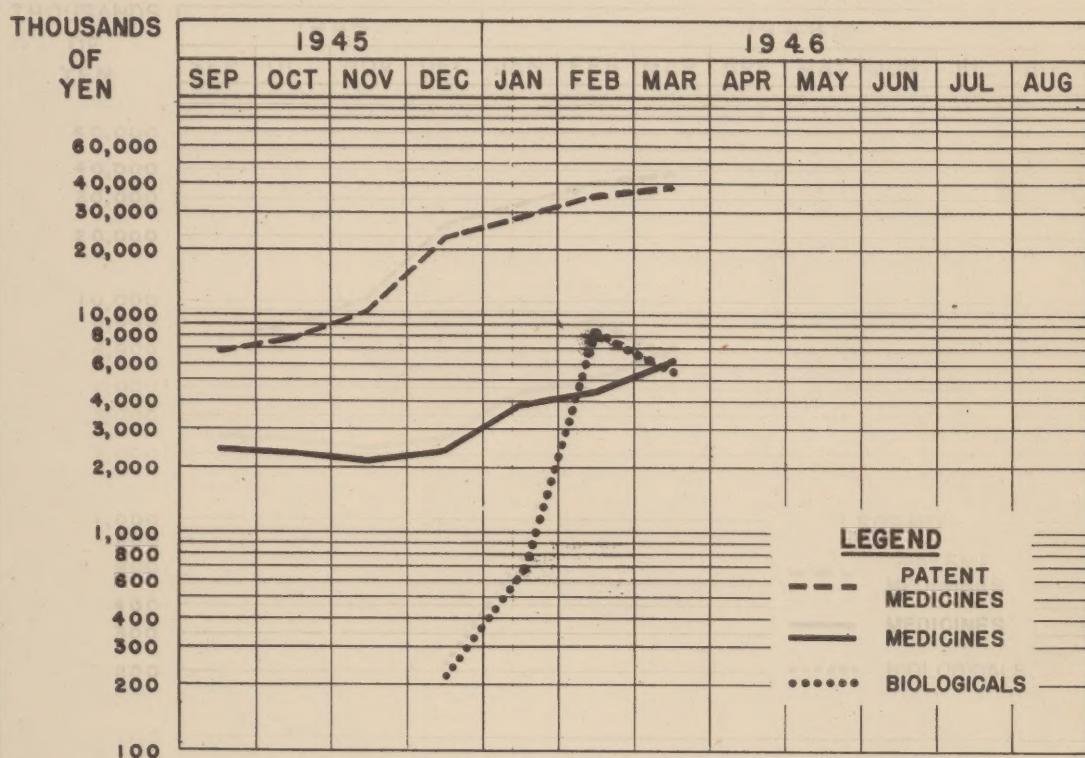
NUMBER 54

MEDICAL SUPPLIES

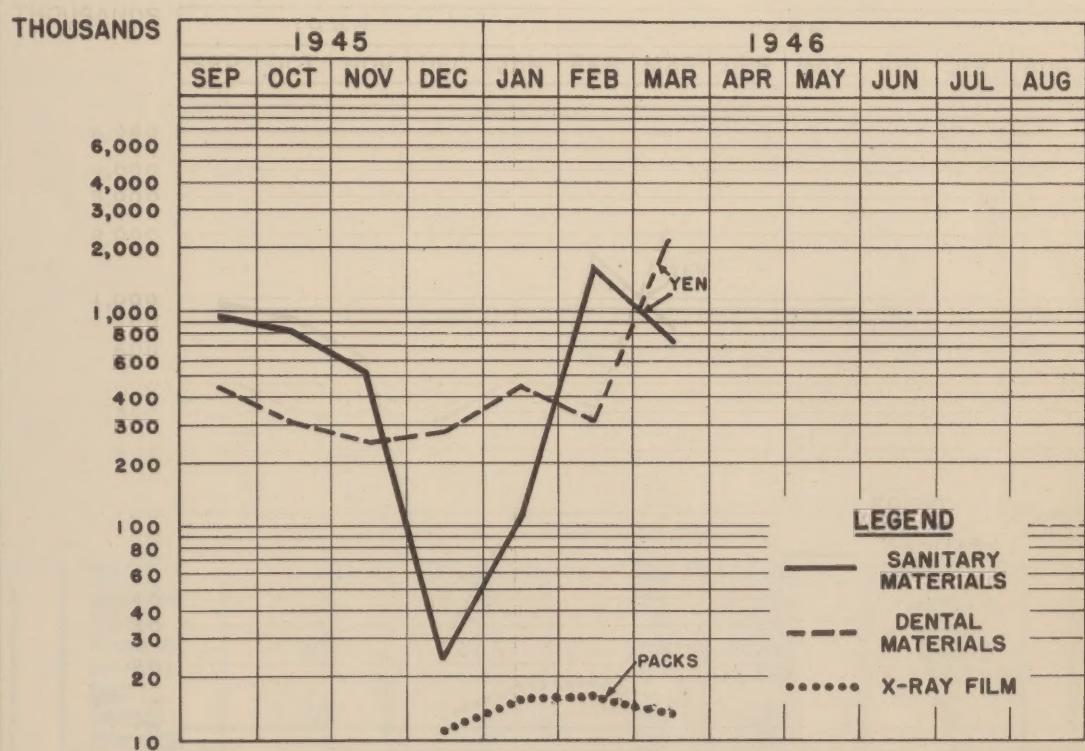
VALUE OF MONTHLY PRODUCTION

JAPAN

MEDICINES AND BIOLOGICALS



SANITARY, DENTAL AND X-RAY MATERIALS



NOTE: ON THESE LOGARITHMIC CHARTS, EQUAL RISES OR FALLS INDICATE EQUAL PERCENTAGE CHANGES AND EQUAL SLOPES DENOTE EQUAL RATES OF CHANGE.

SOURCE: MINISTRY OF HEALTH AND WELFARE; MINISTRY OF COMMERCE AND INDUSTRY.

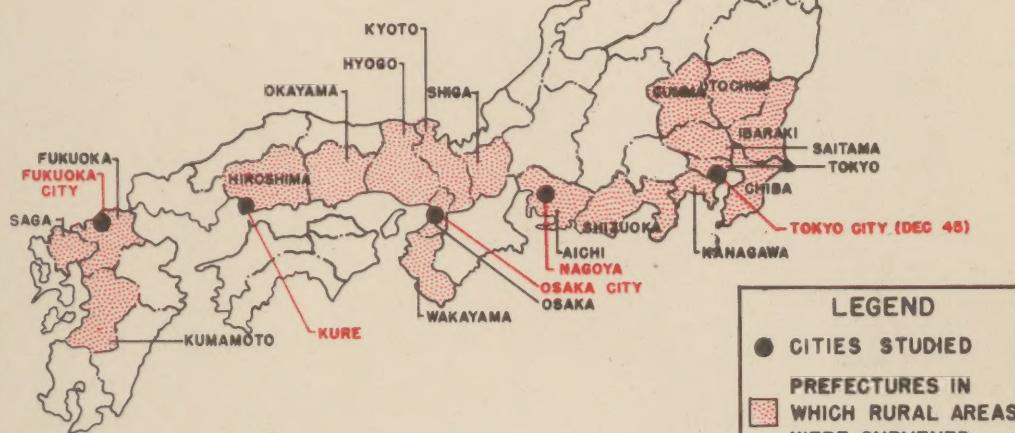
SCHEDULE FOR PRODUCTION OF BIOLOGICALS
YEAR ENDING 31 MARCH 1947
(LITERS, EXCEPT SMALLPOX VACCINE a/)

Month	Cholera Vaccine	Typhoid Vaccine	Triple Typhoid Vaccine	Diphtheria Antitoxin	Diphtheria Toxoid
<u>1946</u>					
April	7,750	3,150	16,200	340	5,000
May	22,850	3,150	18,400	330	5,000
June	22,850	3,120	18,400	330	5,000
July	0	3,090	17,400	410	5,040
August	0	3,090	17,400	550	5,040
September	0	3,120	15,200	740	4,000
October	0	3,120	16,700	750	3,340
November	0	3,150	16,700	750	3,340
December	0	3,150	16,600	400	3,320
<u>1947</u>					
January	0	3,150	16,600	580	3,320
February	0	3,150	16,600	580	3,340
March	0	3,200	16,800	540	3,340
Total	53,450	37,640	203,000	6,300	49,080

Month	Plague Vaccine	Tetanus Toxoid	Whooping Cough Vaccine	Typhus Fever Vaccine	Smallpox Vaccine a/
<u>1946</u>					
April	500	50	160	0	20
May	500	50	170	0	0
June	200	50	170	0	0
July	100	50	160	0	0
August	0	50	170	0	0
September	0	50	170	1,200	0
October	0	57	160	1,800	4
November	100	57	170	2,000	4
December	0	56	170	3,000	4
<u>1947</u>					
January	100	56	170	5,000	5
February	0	57	170	5,000	5
March	100	57	160	2,000	5
Total	1,600	640	2,000	20,000	47

a/ Millions of individual doses
 APRIL 46 SOURCE: Ministry of Health & Welfare
 GHQ SCAP NUMBER 56

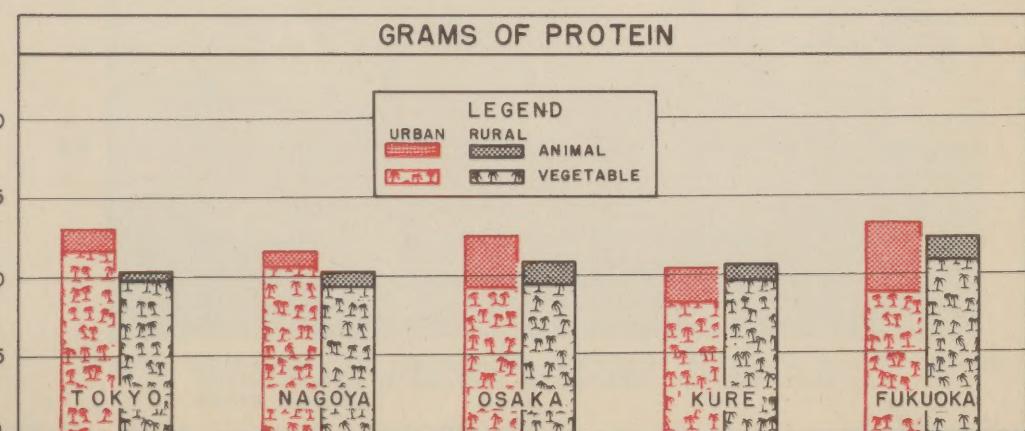
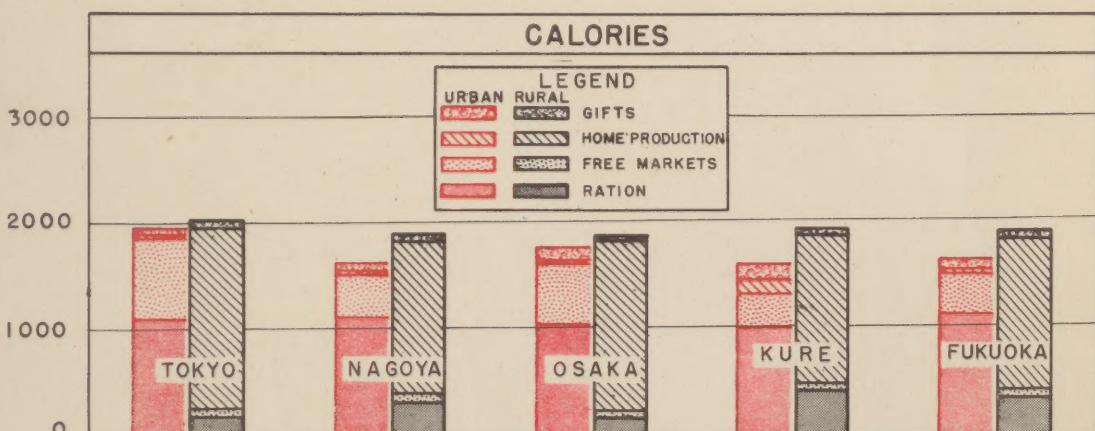
CITIES AND PREFECTURES STUDIED IN
NUTRITION SURVEYS
JAPAN — FEBRUARY 1946



SOURCE: MINISTRY OF HEALTH AND WELFARE
APRIL 46 GHQ-SCAP

NUMBER 58

NUTRITION SURVEY
AVERAGE CONSUMPTION PER CAPITA PER DAY
JAPAN-FEB 46



NOTE: TOKYO URBAN FIGURES ARE FOR DEC 45

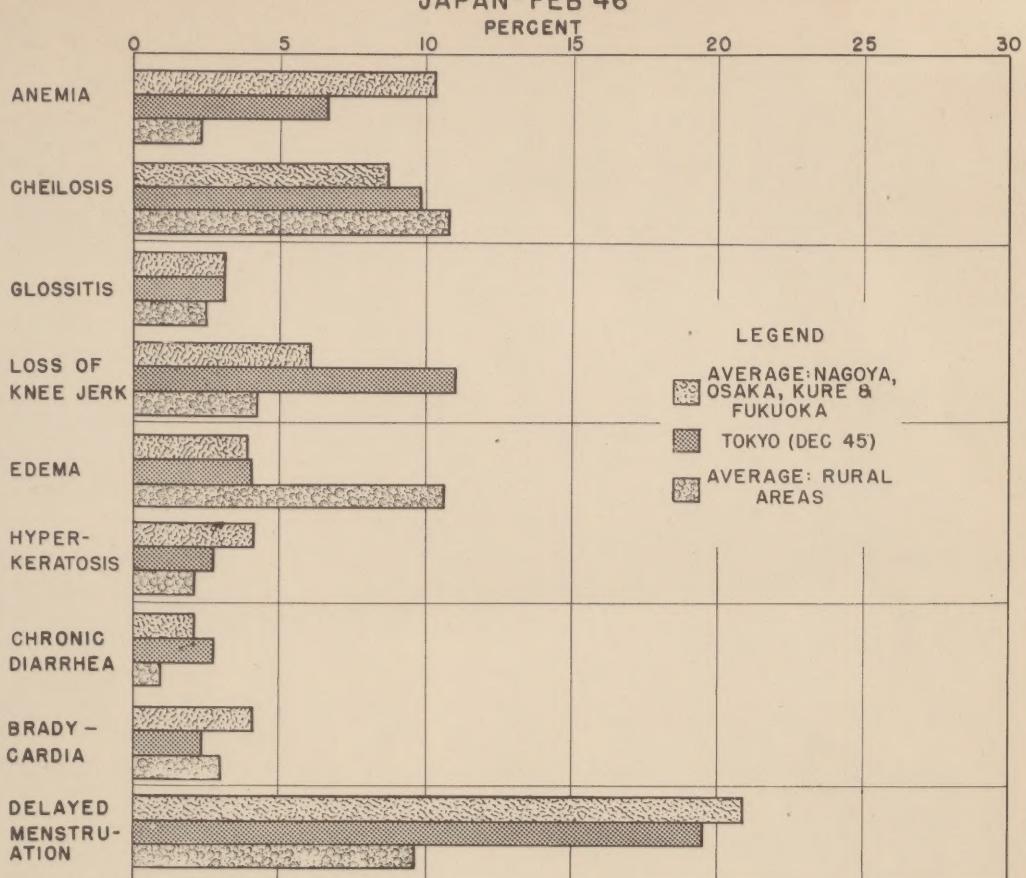
SOURCE: MINISTRY OF HEALTH AND WELFARE

APRIL 46

GHQ-SCAP

NUMBER 59

NUTRITION SURVEY
PERCENT OF PERSONS SHOWING SYMPTOMS ASSOCIATED WITH NUTRITIONAL DEFICIENCIES
JAPAN-FEB 46



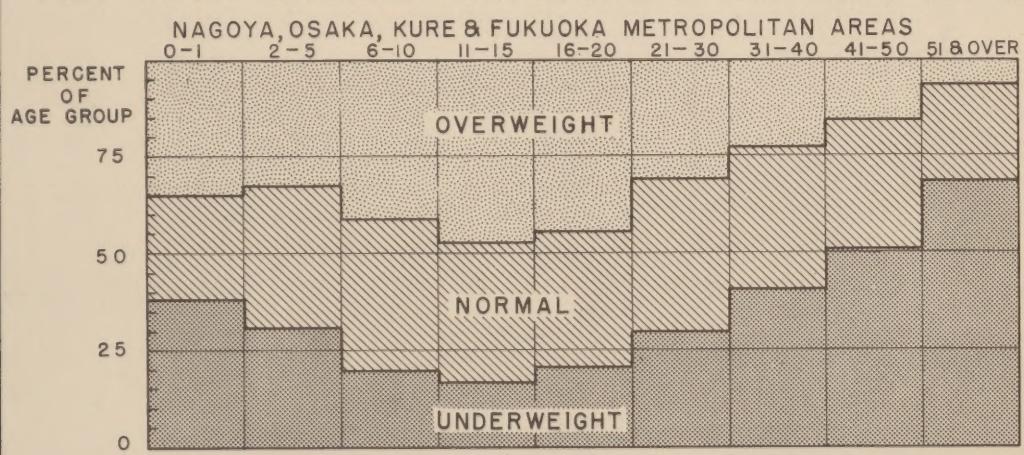
SOURCE: MINISTRY OF HEALTH AND WELFARE

APRIL 46

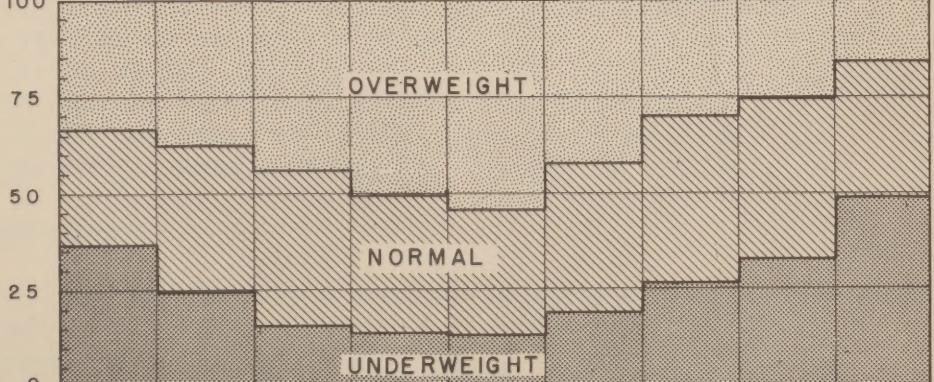
GHQ-SCAP

NUMBER 60

NUTRITION SURVEY
BODY WEIGHT DEVIATIONS FROM NORMAL BY AGE GROUPS-FEB 46



RURAL AREAS OF 19 PREFECTURES



NOTE: "OVERWEIGHT" AND "UNDERWEIGHT" REPRESENT DEVIATIONS OF OVER 5% FROM NORMAL WEIGHTS ESTABLISHED IN STANDARD JAPANESE HEIGHT, AGE AND WEIGHT TABLES

APRIL 46

GHQ-SCAP

NUMBER 61